



## **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Stava

For

ENGINE WELDER WITH SHIELDING

GAS GENERATION

Serial No.

10/765,587

Filed

January 27, 2004

Examiner

Clifford C. Shaw

Group Art Unit

1725

Date of Last Action

October 1, 2004

Our Docket

LEEE 2 00376

**AMENDMENT** 

I hereby certify that this correspondence is being deposite with the United States Postal Service as first class mail an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Please amend the above referenced patent application as follows:

10/29/2004 SSITHIB1 00000147 10765587

01 FC:1201 02 FC:1202

264.00 OP 306.00 OP



## AMENDMENT TRANSMISSION CORPORATIONS (LARGE BUSINESSES) DOCKET NO. LEEE 2 00376

In re application of:

Stava

Serial No.

10/765,587

Filed:

January 27, 2004

For:

ENGINE WELDER WITH SHIELDING GAS GENERATION

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 Thereby certify that this correspondence is being deposite with the United States Postal Service as first class mails an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

01 16-26-64

(SIGNATURE)

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

		Cla	ims as Filed or Ame	nded		
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6)	(7) Total Amount
Total Claims	* 41	Minus	**	17	\$18	\$ 306
Indep. Claims	*	Minus	***	3	\$88	\$ 264
			Total Additional Fee For this Amendment>			\$ 570

- \* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5
- \*\* If the "Highest No. Previously Paid For" is less than 20 write "20".
- \*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

X A check in the amount of \$ 570.00 to cover the required Fee is enclosed.

X General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & MCKEE

By: \_\_\_

ROBERT V. VICKERS

Reg. No. 19,504

1100 Superior Avenue, Seventh Floor

Cleveland, Ohio 44114-2579

Phone: (216) 861-5582 Fax: (216) 241-1666